

COMPASSION IN CLINICAL SPACES

SONJA RAAUM, MD FACP ASSOCIATE PROFESSOR, UNIVERSITY OF UTAH

NO CONFLICTS OF INTEREST TO DISCLOSE

"UNRAVELING THE NEUROBIOLOGY OF EMPATHY & COMPASSION:
IMPLICATIONS FOR TREATMENTS FOR BRAIN DISORDERS AND HUMAN WELL-BEING
NATIONAL ACADEMIES OF SCIENCES, ENGINEERING, AND MEDICINE WORKSHOP
MAY 21, 2025

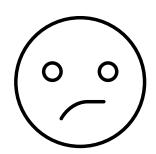


OBJECTIVES

- Overview of compassion in healthcare
- How does neurobiology and psychology inform developing compassion in the healthcare workforce?



PATIENT INTERACTION



Chief concern



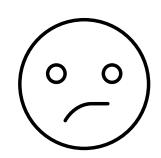
History & Physical



Assessment & Plan



OPPORTUNITY FOR COMPASSION



Identify Suffering



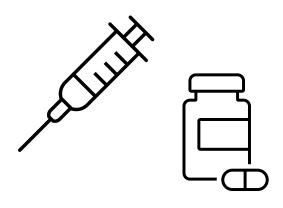
Explore underlying cause



Take action to alleviate



COMPASSION AND HEALTHCARE OUTCOMES



 Lessens need for sedation and decreases response to painful stimuli (Egbert 1963, Sarinopoulos 2013)



Decreases
inappropriate
use of
healthcare
resources
(Redelmeier 1995)



Associated with shorter visit times (Beach 2021)



 Patient rating of compassion strongly correlates with quality of care (Boss 2024)

Egbert 1963. The value of a preoperative visit with an anesthetist. JAMA 185(7):553-5. **Sarinopoulos 2013.** Patient-centered interviewing is associated with decreased responses to painful stimuli: an initial fMRI study, PEC 90(2):220-5. **Beach 2021.** Clinician response to patient emotion: impact on subsequent communication and visit length. Ann Fam Med 19(6):515-20. **Redelmeier 1995.** A randomized trial of compassionate care for the homeless in an emergency department. Lancet 345(8959):1131-4. **Boss 2024.** What role does compassion have on quality care ratings? A regression analysis and validation of the SCQ in emergency department patients. BMC Emergency Medicine, 24(1):124.



COMPASSION GAP IN PRACTICE

Only

- 53% of patients,
- 58% of physicians

Said that the health care system generally provides compassionate care

Out of 800 hospitalized patients, and 510 physicians

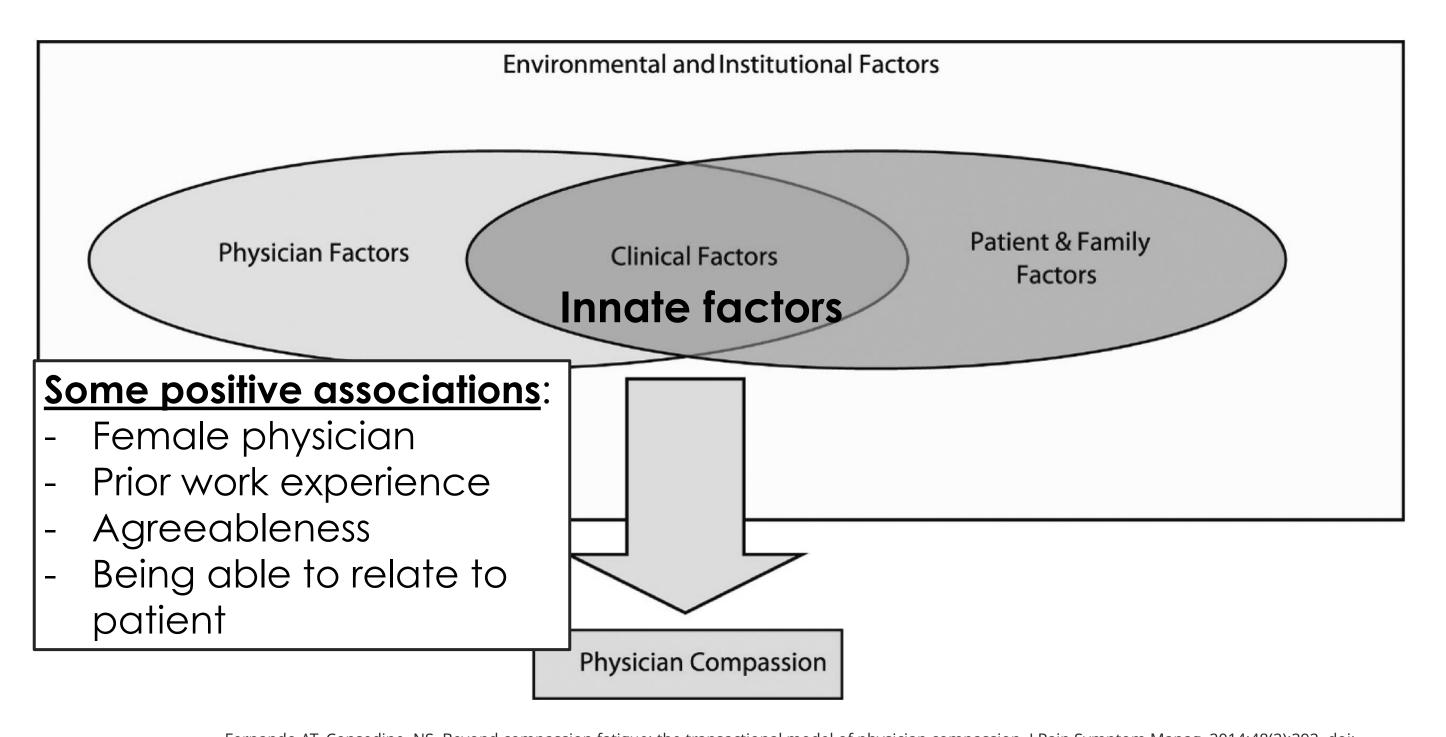


MISSED OPPORTUNITIES FOR COMPASSION

- How often do physicians respond to patient clues about condition?
 - 38% of surgical based visits
 - 21% in primary care visits

- 116 routine visits
 - 54 PCP, 62 surgical, community-based practices in Colorado & Oregon in 1997



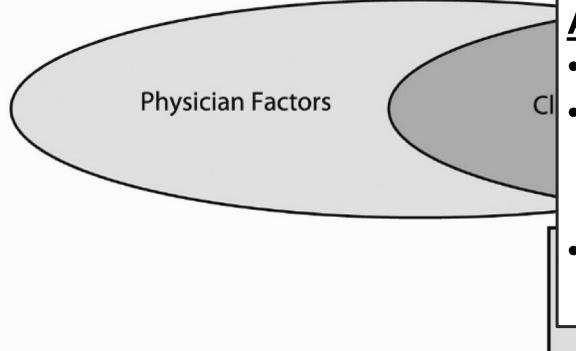




Fernando AT, Consedine, NS. Beyond compassion fatigue: the transactional model of physician compassion. J Pain Symptom Manag. 2014;48(2):292. doi: 10.1016/j.jpainsymman.2013.09.014. Wang CXY, et al. Predictors of Medical Students' Compassion and Related Constructs: A systematic Review. Teaching and Learning in Medicine, 2022;35:502-513.

Environmental and Institutional Factors

External factors



Associations

- Role Modeling
- Culture that value efficiency associated with lower empathy/compassion
- Desensitization / routinization effect with increased clinical experience

Physician Compassion

Fernando AT, Consedine, NS. Beyond compassion fatigue: the transactional model of physician compassion. J Pain Symptom Manag. 2014;48(2):292. doi: 10.1016/j.jpainsymman.2013.09.014. Wang CXY, et al. Predictors of Medical Students' Compassion and Related Constructs: A systematic Review. Teaching and Learning in Medicine, 2022;35:502-513.



APPRAISAL OF SUFFERING

Suffering Recognized

Who is suffering?



Does person's suffering satisfy goal for the self?



Person deserving of help?



Do I have resources to cope, help?

Self

Response may move towards sadness, anger or shame



Pursuit of happiness, schadenfreude



Anger may be a more common response

60-80 hrs per week

Resident Physicians (Training 3-7 years)

50 hrs per week

Practicing physicians

Frequent interruptions

Up to 14x/hr (every 4 mins...)

Metric driven

wRVU, patients seen, etc.

Adapted from Fig 1 in Goetz JL, Keltner D, Simon-Thomas E. Compassion: An Evolutionary Analysis and Empirical Review. Psych Bulletin, 2010, 136(3):351-374



BURNOUT AND COMPASSION

Empathy

 Empathy decline in medical school – particularly when starting clinical training (Neumann 2011)

Burnout

- Emotional Exhaustion
- Depersonalization
- Lack of sense of personal achievement
- Nearly half of all medical students experience burnout during school (IsHak 2013)
- 50% of internists reported feeling burned out in 2024 (Medscape 2024)

Compassion Fatigue

- Emotional and physical exhaustion due to chronic stress of caring for patients who are suffering
- Characterized by exhaustion, anger and irritability, negative coping behaviors, lack of enjoyment or satisfaction with work, reduced ability to make decisions and care for patients
- Incidence 7-40% (van Mol 2015)

Cocker F, Joss N. 2016. Compassion fatigue among healthcare, emergency and community service workers: a systematic review. Int J Environ Res Public Health. 13(6):618. van Mol MMC, et al. 2015. The prevalence of compassion fatigue and burnout among healthcare professionals in intensive care units: a systematic review. PLoS ONE 10(8):e0136955. IsHak W, et al. 2013 Burnout in medical students: a systematic review. Clin Teacher 10(4):242-245.



APPRAISAL OF SUFFERING

Suffering Recognized

Who is suffering?



Does target's suffering satisfy goal for the self?



Target deserving of help?



Do I have resources to cope, help?



Response may move towards sadness. anger or shame



Pursuit of happiness, schadenfreude



Anger may be a more common response



Empathic Distress, "Compassion Fatigue", Secondary Traumatic Stress



Compassion



Environmental and Institutional Factors Physician Factors Clinical Factors SKills

Current knowns

- Very few medical education interventions designed to impart skills of compassion
- Competency Based Medical Education (which drives skills development) does not emphasize compassion
- Interventions will need to address external factors and cannot stand alone

Physician Compassion

Fernando AT, Consedine, NS. Beyond compassion fatigue: the transactional model of physician compassion. J Pain Symptom Manag. 2014;48(2):292. doi: 10.1016/j.jpainsymman.2013.09.014. Sinclair S. et al. 2021. What is the state of compassion education? A systematic review of compassion training in health care. Acad Med. 96(7): 1057-1070. Sinclair S, Kondejewski J, Jaggi P, et al. What works for whom in compassion training programs offered to practicing healthcare providers: a realist review. BMC Med Educ. 2021:21:455.



OPTIMIZING THE ECOSYSTEM OF COMPASSION

Neurobiology informs healthy ecosystem

- Definition and differentiation between empathy ("I feel you") and compassion (action to alleviate)
 - > especially when frequently encountering suffering
- Compassion can be developed as a skill set
- Individuals need to have the resources to cope
 / help



FRAMEWORK

Awareness

Embodiment

Common Humanity

Humility

Action

- <u>Awareness</u>: Non-judgmental awareness (and acceptance) of what is present
- <u>Embodiment</u>: Being in tune to our body and integrating thoughts/feelings into action
- <u>Common Humanity</u>: Recognizing that every single being has an experience on earth that is unique and valuable
- Humility: Balanced or accurate perspective about ourselves and others
- <u>Action</u>: Skillful action, reaction vs responding

Example Interventions in Clinic

- Daily huddle with few minutes of mindfulness and discussion
- Clinical reasoning from problem focused
 → what is going well?
- Visit length that supports learner and patient needs
- Debrief on being in tune to body during difficult encounters
- Active listening

Applied Compassion Training. Stanford Center for Compassion and Altruism Research and Education (CCARE), 2022

FUTURE IMPORTANT DIRECTIONS

- Compassion measured / optimized in clinical settings
 - Patient AND Provider
 - Compassion satisfaction as an area of opportunity

Thank you!

Sonja.Raaum@hsc.utah.edu

